2 001/013

DEC 0 5 2000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No
Filing Date April 12, 2001
Inventor Luan C. Tran
Assignee Micron Technology, Inc.
Group Art Unit
Examiner Laura Schillinger
Examiner Ladia delimingo
Attorney's Docket No MI22-1637
Title: Semiconductor Processing Methods Of Forming Transistors, Semiconductor
Processing Methods Of Forming Dynamic Random Access Memory Circuitry, and
Related Integrated Circuitry

Mail Stop Appeals - Patents Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below:

- 1. Transmittal Form (PTO/SB/21)
- 2. Notice of Appeal (PTO/SB/31) in duplicate
- 3. Fee Transmittal (PTO/SB/17) in duplicate
- 4. Pre-Appeal Brief
- 5. Pre-Appeal Brief Request For Review Form (PTO/SB/33)
- 6. Request for Extension of Time (1 mo.)

Dated: 12/5/05

RÀ:

Natalie King

Telephone No.

(509) 624-4276

Facsimile No.

5091 838-3424

NUMBER OF PAGES IN FACSIMILE: 13

S:\MI22\1637\FX4wpd A270205281624N

Typed or printed

Signature

Natalie King

Under the Paperwork Reduction Act of 1995, no person

TRANSMITTAL

FORM

(to be used for all correspondence after initial filling)

RECEIVED **CENTRAL FAX CENTER** WELLS ST JOHN PS

21002/013

DEC 0 5 2005

PTO/SB/21 (03-03)

Approved for use through 04/30/2003, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number Application Number 09/834,660 4/12/2001 First Named Inventor Luan C. Tran 2813 Examiner Name L. Schillinger

December 5, 2005

Date

12/5/05

Tota	Bl Number of	Pages in This Submission	<u> </u>	Attorney Docket Number	MI22-1	1637		
			ENCI	LOSURES (Check all that	apply))		
□	Fe Amendme	emittal Form se Attached ent/Reply ter Final		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application		After Allowance Commuto a Technology Center Appeal Communication of Appeals and Interfers Appeal Communication (Appeal Notice, Brief, Rep Proprietary Information	(TC) to Board nces to TC	
	Extension Express A	fidavits/declaration(s) of Time Request bandonment Request o Disclosure Statement		Power of Attorney, Revocation Change of Correspondence Addre Ferminal Discialmer Request for Rafund CD, Number of CD(s)	ess	Status Letter Other Enclosure(s) (please lidentify below): Pre-Appeal Brief Request for Form (PTO/SB/33); Pre-ABrief; Notice of	r Review ppea l	
	Response Incomplete	to Missing Parts/ e Application esponse to Missing Parts ider 37 CFR 1.52 or 1.53	Remar					
		SIGNA	TURE C	F APPLICANT, ATTORNI	EY, OI	RAGENT		
Firm or Individ	tual	James D. Shaurette, Reg. Wells St. John, P.S.	No. 39,83	33				
Signa	ture	1280	2	•				
Date		12505		e				
_		C	ERTIFIC	ATE OF TRANSMISSION	/MAIL	LING		
I hereby	certify that t	his correspondence is being fa envelope addressed to: Comm	ecsimile tran	nsmitted to the USPTO or deposited w	th the Ur	United States Postal Service with suffice December 5, 2005	ient postage as	

Filing Date

Art Unit

This collection of information is required by 37 CFR 1.5. The information is positive to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, hould be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. BO NOT SEND FEBS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$		on 12/08/200			Complete If Known					
FOR FY 2005 Piral Named Inventor Luan C. Tran										
Applicant claims amill entity status. See 37 CFR 1.27 Examinor Name	FEE TRA	LÌ	Filing Date							
Applicant claims small entity status. See 37 CFR 1.27	For	ľ	First Named Inv							
And Unit 2813 TOTAL AMOUNT OF PAYMENT (\$) 620.00 Attorney Docket No. MI22-1637 METHOD OF PAYMENT (check all that apply) Check			Examiner Name							
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is horoby authorized to: (check all that apply) For the above-tentified deposit account, the Director is horoby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee EXAMINATION FEES Small Entity Fee Shall	Applicant claims small er	ntity status.	See 37 CFR 1.27		Art Unit					
METHOD OF PAYMENT (check all that apply) Check	TOTAL AMOUNT OF PAYME	ENT (\$)	620.00	ľ	Attorney Docket			7		
Check Credit Card Money Order None Other (please Identify): Deposit Account Deposit Account Number, 23-0925 Deposit Account Namer, Wells, St. John, P.S. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Vicharge lene(s) indicated below Charge (ee(s) indicated below, except for the filling fee Vicharge any additional foe(s) or underpsyments of fee(s) Vicharge (ee(s) indicated below, except for the filling fee Vicharge any additional foe(s) or underpsyments of fee(s) Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Vicharge (ee(s) indicated below, except for the filling fee Spall (s) Peacl Stria [Interpretation of Fee Stria [Interpretation of Fee Stria [Interpretation of Interpretation of Inte	Auditor South 14. Illiaz 1601									
Deposit Account Deposit account, Namer, 23-0925 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee fee(s) indicated below, except for the filing fee Charge fee fee(s) indicated below, except for the filing fee Charge fee fee(s) indicated below, except for the filing fee Charge fee fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except fee fee Charge fee(s) indicated below in the feet feet Charge fee(s) indicated below in the feet feet Charge fee(s) indicated below in the feet fee										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below			•				•••	04 1-1-	-	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional foe(s) or underpayments of fee(s) Indicator CFR 1.16 and 1.17 MARKHING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and surh deviation on PTO-3338. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES Search Fee (5) Small Entity Application Type Pee (5) Fee (6) Addition Dependent Claims Fee (5) Fee (5) Fee Paid (5) Fee (6) Fee (6) Fee (7) Fee (8) Fee Paid (5) Fee Paid	Deposit Account 305								P.S	
Charge any additional foe(s) or underpayments of fee(s) WARNING: Information on the form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee (\$) Fee	_	d deposit ac	count, the Director	r is here	eby authorized to:	: (check	ali mat ap	pry)		
WARNING: thromestion on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	Charge fee(s) in	dicated belo	ow .		Charg	e fee(s)	indicated i	elow, except	for the filing fee	
MARNING: Information on this form may become public. Crodit card Information should not be Included on this form. Provide cradit card Information and authorization on PTO-2038. Fee CALCULATION				s of fee	(9) Credit	any ove	payment	3		
Part	WARNING: Information on this fo	orm may beco	r ome public. Credit c	ard Info	ormation should no	et be incl	uded on th	ls form. Provid	e credit card	
BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES Small Entity Small Entity Fee (\$) Fee (PTO-2038.								
Filing Fee F			 							
Application Type	1. BASIC FILING, SEARC	H, AND EX			CH EEEG	EVAL	HALATION	LEEC		
Utility 300 150 500 250 200 100		Sm	all Entity		Small Entity		Small		= n-1170	
Plant 200 100 300 150 160 80					-50-4-4				Fees Paid (5)	
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 30 (including Reissues) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Each independent claims Fotal Claims Total Claims Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Extra Claims Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge); Notice of Appeal Fee & Request for Extension (1 mo.) Registration No. (Attomsy/Agent) 39,833 Telephone 508-624-4276	· · ·									
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Design		100	100	50	130	6	5.		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	8	0 -		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of bust claims paid for, if greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 = 100 = 100 100	Reissue	300	150	500	250	600	30	0 -		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 100	Provisional	200	100	0	0	0)	0 .		
Each independent claims Total Claims							E	ee (\$)	Pee (\$)	
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, it greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = x HP = highest number of independent claims paid for, it greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee				ره.						
Total Claims -20 or HP =			commis versage	3)						
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Cround up to a whole number) × Fees Paid (\$) Other (e.g., late filing surcharge); Notice of Appeal Fee & Request for Extension (1 mo.) Registration No. (Attorney/Agent) 39,833 Tetephone 509-624-4276			Fee (\$)	<u>Fee</u>	e Paid (\$)			Multiple Dependent Claims		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, it greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 =			x		<u> </u>			ea (\$)	Fee Paid (\$)	
HP = highest number of independent delims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof. See Stra Sheets	<u>indep. Claims</u>		Fee (\$)	<u>Fee</u>	Paid (\$)					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Number of each additional 50 or fraction thereof Fee (\$)		dent claims p		n 3.						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) × I. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge); Notice of Appeal Fee & Request for Extension (1 mo.) Registration No. 39,833 Tetephone 509-624-4276	3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x 1. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge); Notice of Appeal Fee & Request for Extension (1 mo.) Telephone 509-624-4276										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge); Notice of Appeal Fee & Request for Extension (1 mo.) 18	Total Sheets Extra Sheets Number of each additional 50 or traction thereof Fee (\$) Fee Paid (\$)									
Other (e.g., late filing surcharge); Notice of Appeal Fee & Request for Extension (1 mo.) \$620.00 UBMITTED BY gnature Registration No. 39,833 Telephone 509-624-4276	4. OTHER FEE(S)									
gnature Registration No. 39,833 Tetephone 509-624-4276	• •	_	=	-		sion (1.r	no.)		\$620.00	
gnature Registration No. 39,833 Telephone 509-624-4276						==				
(Attorney/Agent) 39,833 509-624-4276			W			0.000		Telephone -	00 624 4276	
	Jome (Print/Type) James D. Sh	<u> يب</u>	X			9,833		Date 124		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form ant/or suggestions for reducing this burden, should be sant to the Chief information Officer, U.S. Petient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 4/13 * RCVD AT 12/5/2005 8:56:29 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/28 * DNIS:2738300 * CSID:5098383424 * DURATION (mm-6s):05-32